



907.271.1414 tel 907.271.1415 fax 888.480.4321 toll free www.denali.gov

Denali Training Fund Quarterly Progress Report

Funds for this project are provided by the USDOL and the Denali Commission and managed, in partnership, by the Alaska Department of Labor and Workforce Development.

Name of Organization: Alaska Association of Municipal Clerks							
Name of Project: Professional Development Training							
Reporting Period:							
Contact Person: Betty Svensson							
Contact Number: 907-586-1325	Email Address: betty@akml.org						
Expenditures to date:							
Certification: I certify that the information in this report is current, correct and true and in accordance with the terms and conditions of the agreement.							
Signed by: Bethy & Svenskan	Dated 31 08						
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1. In a few sentences, please describe t	he scope of your project:						

2. Project Activities for this Reporting Period:

Describe the grant activities that happened during this report period. Include planning, advertisement and/or training performance that occurred this quarter? List any accomplishments achieved. (Attach advertisements if applicable)

3. Scheduled Project Activities/Important Dates for next quarter:
Describe your planned activities and training for next few months. Please include important dates like graduation, site visits, travel, job fairs, etc.

- 4. a. How many are in your training program during this reporting period?
 - b. How many people have been trained and/or certified to date from this grant?

(Please complete form below.)

5. Please list complete the list by putting the community to which each individual trained is from, the type of training and certification, the graduation date and who will employ them upon completion of training.

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Community where trainee lives	Type of Training/Servic e	Type of Certification to be earned/earned	Dates of training	Graduat ion Date	Employment commitment after training is complete
Seward	NWI PDI 3	Certificate of Completion credits earned toward CMC	June 17- 22, 2007		Employed by the City of Seward as Assistant City Clerk
Nome	NWI PDI I	Certificate of Completion credits earned toward CMC	June 3-8, 2007		Employed by the City of Nome as City Clerk/Treasurer
Gustavus	NWI PDI I	Certificate of Completion credits earned toward CMC	June 3-8, 2007		Employed by the City of Gustavus as City Clerk
Homer	NWI PDI 3	Certificate of Completion credits earned toward CMC	June 17- 22, 2007		Employed by the City of Homer as Deputy City Clerk II
Cold Bay	NWI PDI 2	Certificate of Completion credits earned toward CMC	June 10- 15, 2007		Employed by the City of Cold Bay as City Clerk
Galena	NWI PDI 2	Certificate of Completion credits earned toward CMC	June 10- 15, 2007		Employed by the City of Galena as the City Clerk
Seldovia	NWI PDI 3	Certificate of Completion credits earned toward CMC	June 17- 22, 2007		Employed by the City of Seldovia as City Clerk/Treasurer

Emmonak	NWI PDI I	Certificate of Completion credits earned toward CMC	June 3-8, 2007	Employed by the City of Emmonak as the City Clerk
Coffman Cove	NWI PDI 3	Certificate of Completion credits earned toward CMC	June 17- 22, 2007	Employed by the City of Coffman Cove as the City Clerk
Napakiak	NWI PDI I	Certificate of Completion credits earned toward CMC	June 3-8, 2007	Employed by the City of Napakiak as the City Clerk

Please copy and use another sheet if you need more spaces.

6. Please identify any problems or changes in your training project that will affect the budget, scope or timeline of the project. Is your training on schedule? What are the reasons for any difficulties or delays? Are you over budget/under budget? Have you had to change the initial scope?

Please provide an explanation to this change and your resolution to the variance.

- 7. How are you or will you be evaluating the individuals being trained to ensure competency, skill level and understanding? (Testing, assessment, etc)
- 8. Please identify areas that we can assist you in the future.